

Foster Family Home - Corrective Action Report

Provider ID: 1-000059

Home Name: Madelyn Arellano, CNA

Review ID: 1-000059-10

91-1418 Maliko Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/2/2020

Foster Family Home

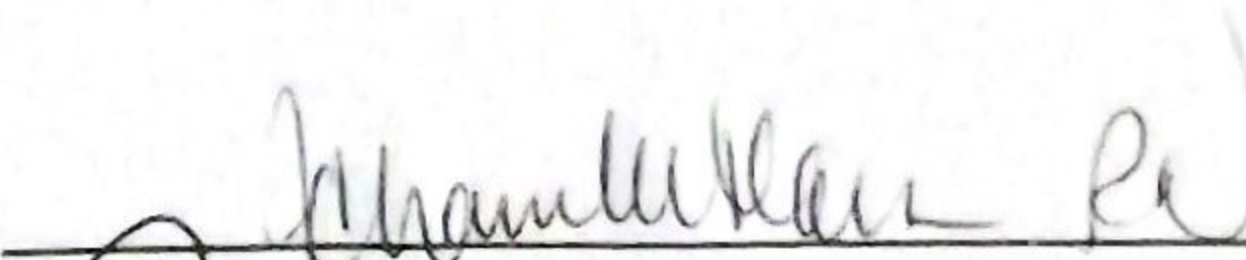
Required Certificate

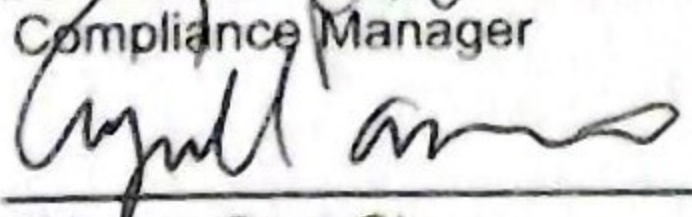
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6(d)(1) Home inspection made for a 3 bed annual inspection. Home met all compliance requirements at the time of the home inspection. No corrective action required


Compliance Manager


Primary Care Giver

10/05/2020
Date

10/05/20
Date